Form **8871** (July 2000)

OGDEN, UT

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

1 Name of organization Carponthete to Re-elect Justice Resulck 2 Malling address (P.O. Box or number, street, and room or suite number) / 8/7 Madison Are # 200 City or town, state, and 2P code Totedo, Ohio 3 E-mail address of organization 4a Name of custodian of records 4b Custodian's address / 200 Jackson Str. To ledo, Ohio 5a Name of cottact person Sb Contact person address // 8/1 Madison Are: // 10/6do Ohio 5b Contact person address // 8/1 Madison Are: // 10/6do Ohio 5b Contact person address // 10/6do Ohio 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or lown, state, and ZIP code Part III Purpose 7 Describe the purpose of the organization, // 8/1 Related Entities (see instructions)	2				
2 Mailing address (P.O. Box or number, street, and room or suite number) / 8/7 Madison Ave # 200 City or town, state, and ZIP code Toleds, Ohio 3 E-mail address of organization 4a Name of custodian of records		Committee to	<u> </u>		Employer identification num
City or town, state, and ZIP code Toledo, Ohio 3 E-mail address of organization 4a Name of custodian of records 4b Custodian's address / **OUT Jackson St.** **Toledo Ohio 5a Name of contact person 5b Contact person's address **LETH MCCea 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code **Part III Purpose 7 Describe the purpose of the organization, Received and accompanying. **Part III List of All Related Entities (see instructions) 8a Name of related entity 8b Relationship 8c Address			o Ke-elect Ju	istice Kesnick	194:101000
City or town, state, and ZIP code Toledo, Ohio 3 E-mail address of organization 4a Name of custodian of records 4b Custodian's address //oo o Jackson St Toledo, Ohio 5a Name of contact person 5b Contact person's address /// // // // // // // // // // // // /		Mailing address (P.O. Box or nu	mber, street, and room or su	ite number)	
Toledo, Ohio 3 E-mail address of organization 4a Name of custodian of records 4b Custodian's address / o o Jackson St. Toledo, Ohio 5a Name of contact person 5b Contact person's address 1817. Madicon Ave. Verth McCrec 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code Part II Purpose 7 Describe the purpose of the organization, Re-electron. Campaign. Part III List of All Related Entities (see instructions) 8a Name of related entity 8b Relationship 8c Address		1811/Nadison	Ave 200	<u></u>	
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4b Custodian's address / o o Tackson St. To led a Ohio 5a Name of contact person 5b Contact person's address .(817 Madison Ave. To led a Ohio 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code Part II Purpose 7 Describe the purpose of the organization, Re-electrical Campaign. Part III List of All Related Entities (see instructions) 8a Name of related entity 8b Relationship 8c Address	J	E-mail address of organization			
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0 2 200 0 Q	0 £	Name of related entity	8b Relationship	8c Address	Form 8871 (7:



9a Name	9b Title	9c Address
Under penalties of	of perjury, I declare that the organization	named in Part I is to be treated as an organization described in section 527 of the Interna-
Revenue Code, a it is true, correct,	nd that I have examined this notice, inclu	uding accompanying schedules and statements, and to the best of my knowledge and belie
	1 2	
Siam M/19	4/1/-	7/3//00 Date
Sign Signature Here	of authorized official	Date

Printed on recycled paper

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